

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: FAMILY HOUSE 6 (0009566)

Address: 3291 N 11TH ST, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 01/01/2003

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0097028 **End Date:** 03/02/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009141 Served 04/29/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES		
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		
83.14(8)	DOCUMENTATION		
83.32(1)(b)	WRITTEN REPORT OF ASSESSMENT		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.32(2)(c)2	ANNUAL EVALUATION UPDATED		
83.32(2)(d)	REVIEW OF PROGRESS		
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE		
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL		
83.41(10)(e)	STORAGE IN ORDERLY CONDITION		
83.41(5)(a)5	BATHROOMS SHALL BE CLEAN		
83.41(5)(d)2	HOT WATER TEMPERATURES		
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS		
83.42(3)(c)	EXIT DIAGRAM POSTED		
83.42(8)(a)	FIRE EXTINGUISHER		
83.51(3)(a)	SMOKE SEPARATION		

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0093569 End Date: 09/20/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009038 Served 11/12/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)(a)	PARTIES TO BE NOTIFIED	02/27/2006	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	02/27/2006	Yes

Survey ID: 0092267 End Date: 03/10/2004 Type: STANDARD Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008972 Served 04/07/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	08/19/2004	Yes
83.19(1)(a)	PARTIES TO BE NOTIFIED	02/27/2006	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	08/19/2004	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	08/19/2004	Yes

Survey ID: 0090984 End Date: 07/23/2003 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006880

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	03/08/2004	Yes
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	03/08/2004	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	03/08/2004	Yes
83.32(2)(d)	REVIEW OF PROGRESS	03/08/2004	Yes
83.35(1)(f)	FOOD GUIDE PYRAMID	03/08/2004	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	03/08/2004	Yes

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DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0091010 **End Date:** 07/23/2003 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 04/28/2006 **SOD #10009141** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.11(3)(a)
FORFEITURE---83.13(4)(a)
FORFEITURE---83.14(8)
FORFEITURE---83.32(2)(d)

Date: 11/08/2004 **SOD #10009038** **Appealed: No**

Sanctions

FORFEITURE---83.19(1)(a)
FORFEITURE---83.21(4)(p)

Date: 04/05/2004 **SOD #10008972** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---83.14(1)(d)
FORFEITURE---83.19(1)(a)
FORFEITURE---83.33(2)(g)3

Date: 09/17/2003 **SOD #10006880** **Appealed: No**

Sanctions

PROVIDE TRAINING
OTHER SANCTION

Date: 06/26/2003 **SOD #10006852** **Appealed: No**

Sanctions

FORFEITURE---83.14(2)

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 01/11/2006

Date Investigation Completed: 03/02/2006

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
ADMISSION, TRANSFER & DISCHARGE
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10009141

Date Complaint Received: 11/28/2005

Date Investigation Completed: 03/02/2006

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS

Result

SUBSTANTIATED

SOD #

10009141

Date Complaint Received: 08/17/2004

Date Investigation Completed: 09/20/2004

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

10009038

Date Complaint Received: 08/05/2004

Date Investigation Completed: 09/20/2004

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

10009038

Date Complaint Received: 02/19/2004

Date Investigation Completed: 03/19/2004

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

10008972

Date Complaint Received: 01/21/2004

Date Investigation Completed: 03/10/2004

Subject Area(s)

MEDICATIONS
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10008972

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Community Based Residential Facility
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Date Complaint Received: 09/25/2003

Date Investigation Completed: 03/10/2004

Subject Area(s)
RESIDENT RIGHTS
QUALITY OF LIFE

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

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